

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Mental Health		CONTACT PERSON Stephanie Foster		TELEPHONE NUMBER 601-359-4815	
ADDRESS 1101 Robert E. Lee Bldg./239 North Lamar Street		CITY Jackson		STATE MS	ZIP 39201
EMAIL stephanie.foster@dmh.ms.gov	SUBMIT DATE 2/9/22	Name or number of rule(s): Agency: Mississippi Department of Mental Health Title 24; Part 10: Record Guide for Mental Health, Intellectual and Developmental Disabilities, and Substance Use Disorders Community Providers			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Title 24; Part 10: "Record Guide for Mental Health, Intellectual and Developmental Disabilities, and Substance Use Disorders Community Providers" is being proposed for repeal because this document is a record-keeping guide for DMH-certified providers and is primarily comprised of forms and related directions. As such, this document is not applicable to the agency's Administrative Code. Updated iterations of this guidance document may be periodically produced for DMH-certified providers, as needed/requested.

Specific legal authority authorizing the promulgation of rule: Section 41-4-7 of the Mississippi Code, 1972, as amended

List all rules repealed, amended, or suspended by the proposed rule: Title 24; Part 10 - Repeal

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) <input checked="" type="checkbox"/> _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Stephanie Foster, Director, DMH Bur. of Certification & Quality Outcomes

Signature of person authorized to file rules: Stephanie Foster

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>26117 Pam</u>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.